FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P95000093163 (0)

THE SEA & ME, INC.

| Principal Place | (LE WAY | Mailing Address 1032 LINDGREN BLVD. SANIREL EL 33957 | · · | | | | | | |
|--|------------------------------------|---|--|-------------|---------------|---|--------------------------------|---------------|----------------|
| SHAPEL TE S. | io. | ONHIDEL PL 00007 | | | | 3. Date Incorporated or Qualified 12/04/1995 | 3a . De | ate of Last F | Report |
| 2. Principal Pla | ce of Business | 28. Mailing Address | | | | 4. FEI Number | т | | Applied For |
| 21 | | 26 | 26 | | | 65-0633813 | | | |
| Suite, Apt # | , etc. | Suite, Apt. #, etc. 27 | ······································ | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| City & State | | City & State | | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | | |
| Zip | Country | Žip Coul | | ntry | | 8. This corporation has liability for intangible tax under s 199.0 | | | 199.032, |
| 24 | | 25 29 30 | | r | | Florida Statutes Yes Yoo 10. Name and Address of New Registered Agent | | | |
| | 9. Name and Address of Cu | urrent Registered Agent | | 04 | Name | 10. Name and Address of New H | agistere | J Agent | E417717-7-7-7- |
| | —— | | | 81 | Name | | | | |
| ELIAS, CO | | | | | Street Add | ess (P.O. Box Number is Not Acceptab | le) | | |
| 1032 LINE Sanibel | ogren Blvd. Fl. 33957 | | | 83 | | | | | |
| | | | | 84 | City | | | . 85 Z | ip Code |
| | | | | | Oity | | F | | |
| or registere familiar with SiGNATURE | ed agent, or both, in the State of | Florida Surži change was authoriz Section 607,0505, Florida Statutes | ed by the o | согре | oration's boa | ation submits this statement for the pur of directors. Thereby accept the appro- | intment : | as registered | d agent I am |
| 12. | OFFICERS | OFFICERS AND DIRECTORS 13. | | | | ADDITIONS/CHANGES TO OFF | CERS AN | 1D DIRECTO | |
| fitL€ | | DELETE 1 | | 1 1 THE P. | | RESIDENT | | Change | Addition |
| NAME | | | 1.21 | | 4 | CLIAS COLLEEN 032 LINAGREN & ANIBEL PL. 339 | > | | • |
| STREET ADDRESS | | | | | ADDRESS / | 035 LINAGREN & | -7 | | |
| CITY - ST - ZIP | | ED OCUETE | | ITY - S | T-ZIP | ANISEL FL. 339 | X / | ["] Creess | - Addition |
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| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY - ST - ZIP | | | | ary s | 1 | | | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an antischment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dispose Places.